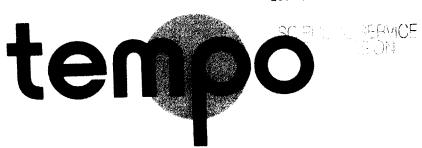
20414C RECEIVEL 251503

2014 JUL 14 54 19: (J



July 9, 2014

Sent via FedEx

Ms. Jocelyn Boyd, Chief Clerk South Carolina Public Service Commission 101 Executive Center Dr., Ste 100

Re: Tempo Telecom, LLC FCC Form 481

Dear Sir/Madam:

Pursuant to 47 C.F.R. §54.422, enclosed please find for filing a copy of Tempo Telecom, LLC's Eligible Telecommunications Carrier Annual Report (FCC Form 481).

If you have any questions or if I may provide you with additional information, please do not hesitate to contact me at 816-300-1049 or angela.hoke@birch.com.

Respectfully submitted,

Angela Hoke Manager, Regulatory & Legal

Enclosures

Form	n 481 - Carrier Annual Reporting		FCC Form ASS CASE Compai No. 191 July 2015	or pages (Color Constant Res. Sector(1919)
7.10	Data Collection Form	249026		ti i jarah da karanta d
10> 9	Study Area Code	Tempo Telecom LL		
15>	Study Area Name	2015		
	Program Year	2015		·
	Contact Name: Person USAC should contact with questions about this data	David Schmidt		
35>	Contact Telephone Number: Number of the person identified in data line <030	8163001465 ext.		
39>	Contact Email Address: Email of the person identified in data line <030>	david.schmidt@myt	empo.com	54,313 54,422
				Completion Completion
NUA	L REPORTING FOR ALL CARRIERS			Required Required (check box when complete)
00>	Service Quality Improvement Reporting		(complete attached worksheet)	
	Outage Reporting (voice)		(complete attached worksheet)	
10>		no outages to report		
300>	Unfulfilled Service Requests (voice)			
1105	Detail on Attempts (voice)			
310>	Detail on Attempts (1919)		(attach descript	ive document)
	<u> </u>			
:320>	Unfulfilled Service Requests (broadband)			
:330>	Detail on Attempts (broadband)		(attach descri	ptive document)
<400>	Number of Complaints per 1,000 customers (vo	ce)		
<410>	Fixed			
<420>	Mobile	andhand)		
<430	esa	Jadbarid)		
<440:	Mohila			
<450:	Sange Quality Standards & Consumer Protection	on Rules Compliance	(check to indicate certification)	
<500	,			
			(attached descriptive document)	
<510	>		ļ	
	> Functionality in Emergency Situations		(check to indicate certification)	L
<600	> Functionality in Emergency Situations			
			(attached descriptive document)	
<610	0>		ł	
70	0> Company Price Offerings (voice)		(complete attached worksheet)	
<700	0> Company Price Offerings (Voice) 0> Company Price Offerings (broadband)		(complete attached worksheet)	
	0> Operating Companies and Affiliates		(complete attached worksheet)	
<80	0> Operating Companies and Ammed O O> Tribal Land Offerings (Y/N)?		(if yes, complete attached worksheet)	
	00> Voice Services Rate Comparability		(check to indicate certification)	
<100	30> Voice Services have being			
<90 <100	Voice services rate competition,			
<90 <100	Voice services nate somper.		(attach descriptive document)	
<100	010>		(attach descriptive document)	
<100)10>			
<100			(attach descriptive document) (if not, check to indicate certification)	
<100 <10 <11	010> LOO> Terrestrial Backhaul (Y/N)?		(if not, check to indicate certification) (complete attached worksheet)	
<100 <10 <11	010> Loo> Terrestrial Backhaul (Y/N)? O		(if not, check to indicate certification)	
<100 <10 <11	10> Terrestrial Backhaul (Y/N)? O	tional Documentation	(if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<100 <10 <11	2010> Terrestrial Backhaul (Y/N)? O O (10) 200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Addi	tional Documentation with Price Cap Local Ex	(if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet) Worksheet change Carriers	
<100 <10 <11 <11 <12	200> Terrestrial Backhaul (Y/N)? O 200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Addi Including Rate-of-Return Carriers affiliated to	tional Documentation with Price Cap Local Ex	(if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet) Worksheet cchange Carriers (check to indicate certification)	
<100 <10 <11 <11 <11 <12 <20	200> Terrestrial Backhaul (Y/N)? O 200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Addi Including Rate-of-Return Carriers affiliated (200>	with Price Cap Local Ex	(if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet) Worksheet (change Carriers (check to indicate certification) (complete attached worksheet)	
<100 <10 <11 <11 <11 <12 <20	200> Terrestrial Backhaul (Y/N)? O 200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Addi Including Rate-of-Return Carriers affiliated (200)	with Price Cap Local Ex	(if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet) Worksheet (change Carriers (check to indicate certification) (complete attached worksheet)	

<113> N <114> R <115> H <116> H <117> H <117> H	Q 모 1 모	1 F F F F F F F F F F F F F F F F F F F	<110> H _I	<035> Cc	li		<010> St	(100) Service Quality Data Collection Form
Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF) was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Code	(100) Service Quality Improvement Reporting Data Collection Form
	line	company is a	(yes / no) O O		David Schmidt 8163001465 ext.	2015	249026 Tempo Telecom LLC	
	Name of Attached Document							FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

	Data Collection Form	(200) Service Outage Reporting (Voice)	
July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819	FCC Form 481	

<010> Study Area Code	- 1	- 1			<220> <a>	Z 2 _				-							
Code	ar	Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	<b1></b1>				-								
		C should contact	- Number of pe	il Address of pe	<b2></b2>	Outage Start Outage Start Outage End Date Time Date				-							
		t regarding this	rson identified	rson identified	⟨ b3⟩	Outage End Date											
		data	n data line <03	in data line <03	<b4></b4>	8											
249026 Tempo Telecom	2015	David Schmidt	0> 8163001465 ext.		61	Number of Customers Affected											
om LLC		dt	ext.	david.schmidt@mytempo.com	<c2></c2>	Total											
					<d>></d>	911 Facilities Affected (Yes / No)											
					<e></e>	Service Outage Description (Check all that apply)											
					≎	Did This Outage Affect Multiple Study Areas (Yes / No)											
					Ç\$>	Service Outage Resolution											
					÷	Preventative Procedures											

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<701>	<039>	<035>	<030>	<020>	<015>	<010>
<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge	<039> Contact Email Address - Email Address of person identified in data line <030> david, schmidt@mytempo.com	<035> Contact Telephone Number - Number of person identified in data line <030> 8163001465 ext.	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code
	david,schmidt@mytempo.com	8163001465 ext.	David Schmidt	2015	Tempo Telecom LLC	249026

â				Residential Local			Mandatory Extended Area
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge

								State	<711> (711)	1 1	- 1			<015> Study Area Name	<010> Study Area Code	Pata Collection form	
								Exchange (ILEC)		Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data		me	de		
								EC) Residential Rate	***	n identified in data line <030	n identified in data line <030:	garding this data					
								State Regulated	Φ2>)> david.schmidt@mytempo.com		David Schmidt	2015	Tempo Telecom	249026		
								Total Rate and Fees	6	@mytempo.com	τ.			LLC			
								Broadband Service - Download Speed (Mbps)	41 P								
								Broadband Service - Upload Speed (Mbps)	₹42>							OMB Control I July 2013	
								Usage Allowance (GB)	43							itrol No. 3060-0986/0	
								Usage Allowance Action Taken When Limit Reached (select)	A							OMB Control No. 3060-0886/OMB Control No. 3060-0819 July 2013	

			And the state of t
Doing Business As Company or Brand Designation	SAC		Affiliates
*************************************	<a2></a2>		<813> MARKATANA AND AND AND AND AND AND AND AND AND
			<812> Operating Company Tempo Telecom, LLC
			<811> Holding Company Birch Equity Partners, LLC
			<810> Reporting Carrier Tempo Telecom, LLC
	com	david.schmidt@mytempo.com	<039> Contact Email Address - Email Address of person identified in data line <030>
		8163001465 ext.	<035> Contact Telephone Number - Number of person identified in data line <030>
		David Schmidt	<030> Contact Name - Person USAC should contact regarding this data
		2015	<020> Program Year
		Tempo Telecom LLC	
		249026	<010> Study Area Code
OMB Control No. 3060-0986/QMB Control No. 3060-0819 July 2013			Teta Collection Form
FCC Form 481		200	(800) Operating Companies

(900) Trit	(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2015
630>	Contact Name - Person USAC should contact regarding this data	David Schmidt
<035>	Contact Telephone Number - Number of person identified in data line <030>	30> 8163001465 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	30> david.schmidt@mytempo.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	
	ſ	Name of Attached Document
If your o	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920,	
demons § 54.31:	demonstrates coordination with the Tribal government pursuant to \S 54.313(a)(9) includes:	Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924> <925>	Compliance with Rights of way processes Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
200	Compliance with Tribal Business and Licensing requirements	

<1130>	<1120>	<035>	<030>	<020>	<015>	<010>	Data Colli
Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	Program Year	Study Area Name	Study Area Code	(1100) No Terrestrial Backhaul Reporting Pata Collection form
		8163001465 ext. david.schmidt@mytempo.com	David Schmidt	2015	Tempo Telecom LLC	249026	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

(1200) Te	(1200) Terms and Condition for Ufeline Customers Ufeline Table Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 http://doi.org/10.100/0000000000000000000000000000000
<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	- 1
<030>	Contact Name - Person USAC should contact regarding this data	David Schmidt
<035>	Contact Telephone Number - Number of person identified in data line <030>	8163001465 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	david.schmidt@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
	Γ	Name of Attached Document
<1220>	Link to Public Website HTTP ht	http://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
"Please check the or the website I § 54.422(a)(2) annually report:	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

<039>	<035>	<030>	<020>	<015>	<010>	
<039> Contact Email Address - Email Address of person identified in data line <030> david.schmidt@mytempo.com	<035> Contact Telephone Number - Number of person identified in data line <030> 8163001465 ext.	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code	2000) Price Cap Carrier Additional Documentation Data Collection Form Induding Rate of Return Carriers offiliated with Price Cap Local Exchange Carriers
david.schmidt@mytempo.com	8163001465 ext.	David Schmidt	2015.	Tempo Telecom LLC	249026	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support. The boxes below to note compliance as a recipient of incremental Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2021>	<2019> <2020>	<2017>	<2016>	<2012> <2013> <2014> <2015>	<2010> <2011>
Interim Progress Community Anchor Institutions	Interim Progress Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information Please check the box to confirm that the attached document(s), on line 2021, contains the required information Please check the box to confirm that the attached document(s), on line 2021, contains the required information Please of the number, names, and pursuant to § 54.313 (e)[3](ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2))
Name of Attached Document Listing Required Information	information				

(3026) Attach the worksheet listing required information	(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		(3018) If the response is no on line 3014, Is your company audited? (Yes/No) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3019)	(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3014) If yes, does your company file the RUS annual report	(3012) Community Anchor institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required in Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to §54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	THE CATE OF THE PROPERTY OF TH	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030>	Study Area Code Study Area Name Program Year	(Sodo) Late Of Return Center Additional Documentation
	Flows	n Flows formed the company's financial audit.	Name of Attached Document Listing Required Information (Yes/No)		ontains the required information pursuant to § 54.313(f)(2) compilance requires:	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)		Name of Attached Document Listing Required information? 2 contains the required information pursuant to as of community anchor institutions to which began		was a second to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.213(f)(2), I further certify that the information reported on this form and in the documents attached below is accurate.	David Schmidt 8163001465 ext. Aavid Achaidemore org	249026 Tempo Telecom LLC 2015	FCC Form 481; OMB Control No. 3000-0985/DMB Control No. 3060-0819 July 2013

Data Coli	lon - Seporting Carrier action Form	FCC Form 481 GMB Control No. 3060-0985/GMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	David Schmidt
<035>	Contact Telephone Number - Number of person identified in data line <030>	8163001465 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	david.schmidt@mytempo.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Tempo Telecom LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/26/2014			
Printed name of Authorized Officer: Edward James III				
Title or position of Authorized Officer: Chief Financial Officer				
Telephone number of Authorized Officer: 4049262217 ext.				
Study Area Code of Reporting Carrier: 249026	Filing Due Date for this form: 07/01/2014			

Certification - Agent / Carrier Deta Collection Form	FCC Form 481 QMB Control No. 3060-0986/CMB Control No. 3060-0819 July 2013
<010> Study Area Code	249026
<015> Study Area Name	Tempo Telecom LLC
2020 Program Year	2015

David Schmidt 8163001465 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> david.schmidt@mytempo.com

i certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my ragent; and, to the best of my knowledge, the reports and da	is authorized to submit the information reported on behalf of the reporting carrier. responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized lata provided to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
iame of Reporting Carrier:					
lame of Authorized Agent or Employee of Agent:					
ignature of Authorized Agent or Employee of Agent:	Date:				
rinted name of Authorized Agent or Employee of Agent:					
itle or position of Authorized Agent or Employee of Agent					
elephone number of Authorized Agent or Employee of Agent:					
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:				

